

# Collaboration Challenges of Non-Governmental Organizations in Healthcare System in Iran

**elahe Hooshmand**

Mashhad University of Medical Sciences

**Esmat Pardasi**

Mashhad University of Medical Sciences

**Jamshid jamali**

Mashhad University of Medical Sciences

**Javad Javan-Noughabi**

Mashhad University of Medical Sciences <https://orcid.org/0000-0001-7809-1377>

**Ali vafae-Najar** (✉ [vafaeaa@mums.ac.ir](mailto:vafaeaa@mums.ac.ir))

Mashhad University of Medical Sciences

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## Research

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# Abstract

**Background:** Despite the strong emphasize of government on collaboration and application of non-governmental organizations in healthcare, there can be seen a research gap in this area in developing countries. The present study aims to investigate collaboration challenges of non-governmental organizations in healthcare from the viewpoint of healthcare managers and active managers of non-governmental organizations of Iran as an example of low-middle income country.

**Methods:** This study is carried out via 54 semi-structured interviews with the managers of governmental sector and the active managers of non-governmental organizations at the national level from 2019 to 2020. Data framework analysis method in Atlas.T software is used for analysis of the interviews.

**Results:** The results of this study highlight five major concepts in collaboration challenges of non-governmental organizations in healthcare: political issues, operational issues, cultural issues, management issues, and communication issues.

**Conclusions:** This study presents a clear framework for identification of collaboration challenges of non-governmental organizations in healthcare Especially for developing countries. This framework should be taken into consideration by authorities of Ministry of health in their policy makings.

## Introduction

Non-governmental organizations (NGO) are founded by people for solving a collective problem. In the definition of these organizations, the World Bank considers them as private organizations with focused activities on reducing diseases, improving the interests of the poor, preserving the environment, presenting social services, social planning and performing them [1]. Multiple terms have been presented for defining non-governmental organizations, including voluntary institutions, private institutions, non-governmental development organizations and organizations for supporting ordinary people, people organizations, broker organizations, local level groups, grassroots, and activist/lobbyist groups [2]. Nowadays, most of the non-governmental organizations attempt to eliminate poverty, protect the environment, and obtain sustainable development patterns[3]. These are some areas in which the government rarely succeeds in or is encountered with serious challenges [4-6].

Healthcare system emphasizes the importance of people's collaboration in other developmental sectors with the aim of obtaining justice and healthcare indicators. Moreover, declaration of Alma-Ata (1987) highlights two out of five strategies of people's collaboration in healthcare [3].

Three viewpoints are introduced for collaboration in healthcare system; the best viewpoint is the third one which is focused on people's collaboration in four levels of decision making, operation, practice, and supervision [7]. Due to high importance of activities in NGOs, Ministry of Health and Medical Education in Iran not only welcomes NGO, but also has changed the structure of the ministry for more significant collaboration of them in sustainable development of healthcare system. Furthermore, it has founded

social deputy and administration of non-governmental organizations for more regular and institutionalized collaborations [8].

Social deputy has been founded in 14 universities of medical sciences with the aim of managing charities and healthcare donors, non-governmental organizations, social harms, and decision makings in food security[9]. In Iran, nearly 600 non-governmental organizations are active in healthcare areas. For example, one NGOs organization in the field of cancer covers 1200 children and spends 10 milliard dollar for their healthcare. Furthermore, 205 clinics and charity hospitals along with 9 councils for people's collaboration are working toward improving education, healthcare of patients, construction of civil projects, and equipping the hospitals with 6000 active women. These councils have taken effective measures for improvement of healthcare services [9]. Lack of sufficient resources in executive organs of the country, including healthcare system, causes the government not to be able to manage the country [10]. In addition to healthcare system itself, some innovative and structured approaches are required in NGOs for other fields of healthcare system, such as education, research, prevention, and hygiene [8].

However, NGOs are not known as a place for improvement of healthcare system [5]. As far as we know, there are no previous studies that analyzed the challenges for NGOs participation in health sector in Iran. Therefore, this study aims to investigate collaboration challenges of NGOs in healthcare system in Iran.

## Methodology

The present qualitative study is carried out in 2019-2020. The study sample consists of 54 individuals selected via purposive sampling and snowball method. The selection is done based on the following criteria: managers of healthcare system who have at least one-year work experience in the field of people's collaboration at national level, and managers with related experience in the field of social collaborations and non-governmental organizations (31 individuals). Inclusion criteria for non-governmental organizations are management history of at least one year and healthcare activities (23 individuals). The first level of interviews was conducted on phone including an introduction on the research, title of the research, objectives, and confidentiality of the interviewee's name. Eventually, date and location of interviews were determined. The interviews consist of 48 in-person interviews, 4 interview on phone, and 2 interview by filling the required form via email. All the interviews were recorded and transcribed. Average duration of each interview was 30-60 minutes and all were conducted by the researcher. All interviewees verbally consented to take part.

Interview guide questions were used for all the interviews. These questions were used based on extracted criteria from two Iranian papers published in the field of healthcare [9, 11]. During the interview, managers were required to identify collaboration challenges of NGOs from their own viewpoint in the framework of open questions. Validity of the questions was approved by experts. The researcher made a summary of each interview and noted ambiguous items. So that at the end of interview the summaries could be reviewed by collaboration of the interviewee and the written points, especially key points, were modified and adjusted in case of necessity. All the points were typed immediately after the interview. Data analysis

was carried out via framework analysis consisting of five steps of familiarity, identification of a thematic framework, indexing, drawing tables, drawing a map, and analysis [12]. Data analysis was initiated from the first interview parallel with conducting the rest of interviews. The texts were reviewed several times for obtaining a general overview. Then, the texts were studied line by line in order to provide a comprehensive view of each line. At first, the first level was coded which indicates analysis units. Analysis units are the answers for questions. Semantic units were extracted from the main concepts of analysis units and each of them was provided with a specific code. The codes were compared with each other and an index of main and subsidiary codes was made. In coding of the second level, main and subsidiary codes were recited and those codes with similar meanings were categorized.

Coding and categorization were carried out by the researcher and the determined codes of two researchers were compared with each other. In case of any dissimilarity, after discussion and reaching an agreement, the final code was determined. After interviews, the interviewees were asked to review the transcribed text and evaluate its accuracy. After reviewing the text of some of the interviews, coding, and extracting the categories, some of the coworkers were asked to evaluate the accuracy of coding process in addition to the main researcher, supervisors, and advisors.

This research was approved by the Medical Ethic Committee of Mashhad University of Medical Sciences [IR.MUMS.REC.1395.352] and required to follow these ethical points:

- 1) Informed consent of all interviewees;
- 2) Give complete information about the purpose of research to interviewees;
- 3) The comments of interviewees will remain confidential

## Results

Tables 1 shows the demographic characteristics of interviewees. According to the results of this table, more than 60% of participants were male and with bachelor's degree. Also, about 55% of participants had 1-10 years work experience.

At the end of this process, 5 main concepts were extracted, including political, operational, cultural, management, and communication issues. These issues include 15 sub-concepts. The obtained results are presented in Table 2.

## Discussion

### Main concept number 1: Political issues

Changing managers in medical sciences universities is commonplace in Iran health system that affects the managers' view of the relationship with the NGOs." The other problem is that changing the manager regularly [at the University of Medical Sciences] makes collaborations less and that's a lot" (p21). The

effects of political issues on deployment of NGO varied in different presidential courses of Iran. This has affected the expansion or decrease of NGO s participation in various fields, including healthcare, which analyzed in the work of Aghababa et al. [13]. “a manager welcomes a donor, but tomorrow, another university manager fires the same donor. This happens a lot and makes the donor confused and uncertain” (P7, P20, P17). Government should remain the sole decision maker, not the operator, and people should take the lead of their own affairs[14] . For instance, “it can be said that Different political factions give different meaning to. Ups and downs of each government are different” (P9, P1, P6, P8).

The top-down view of the public sector towards NGOs has led to grammatical behaviors of public employees with NGOs, which has led to the discontent of NGOs and their diminished engagement with government areas “Sometimes when we [NGOs] had trouble [requesting the University of Medical Sciences], but we were worried about their collusion” (p28).

The lack of public sector Supervision of NGOs in the health sector causes some NGOs to fail to comply with the guidelines "Government must monitoring of semen performance and their activities" (p16)

During the interviews, some participants stated that in addition to political abuses, the government is also abusing NGOs "... They want us to support the political work of government agencies, but we do not engage ourselves". (p21)

NGO s should be able to play their role as a social capital in different fields and based on legal conditions and social regulations[15] . Studies have emphasized on lack of certain rules and supervisions based on the founded law. Another issue about NGO s, which is similar with the reported results of Heydari and Nekoui Moghadam and Zareie, is existence of some problems related to charity organizations which caused by legal gaps [9, 16, 17]. “tax exemption should also include healthcare NGO s ... getting loans by a donor has its own challenges. It means that the government is unable to provide some facilities in order to give us some loans” (P3, P9, P13, P16, P17).

## **Main concept number 2: Performance issues**

In order to further their goals and fulfill their mission, the NGO s needs the support of the government, not only financial support, but also the confidence and relinquishment of their projects to the community. NGO s in Iran, especially in the field of health, needs to grow and flourish as well as maintain, which requires the government to advance its goals so that they can make the most of their participation. "... in Iran we expect NGO s to be different from other countries. It is very important that people say their health needs and their suggestions and where they can be present should be specified ... ” (p30).

The NGOs Board of Trustee includes a number of people who sometimes do not share a common view of how to pursue a path to accomplish activities and achieve the goals. "Unfortunately, teamwork is difficult ... One of the problems in NGOs is the difference in taste causing them not to perform or to move elsewhere” (p27).

Another challenge is lack of a comprehensive system among NGO s and governmental organizations which leads to injustice for receiving services [18]. “An adroit person receives services from several sources, but another person who is unable in this regard will be deprived of services, and parallel processes intensify this problem” (P3, P5, P11, P12). “for receiving facilities from the governmental sector, there is a long process ... if I [manager of NGOs] want to get help from someone in the field of healthcare, no one is responsible and I should refer and have a long talk from early morning each time” (P12, P11, P1, P18). This challenge is also referred to in a study by NHA [19]. “Hospitals have no specific pattern in relation to NGOs and are provided with insufficient information about the NGOs”. (P11, P12, P17).

“All the affairs should be carried out with a certain coordination. Awareness should be increased, especially awareness of Hospitals from their interactions with donors and NGOs” (P4, P11, P17). This solution is also referred to in Delislem et al.’s study [20]. Another problem which is highlighted by Lencucha is allocation of financial resources to healthcare system [21]. These organizations have been converted to an auxiliary lever for aggregation of income [14, 15]. “They say that NGO s [healthcare NGO s] should enter economics in a legal framework, but it is a big challenge for us” (P1, P11, P12).

### **Main concept number 3: Cultural issues**

Lack of appropriate infra-structures with the aim of institutionalizing non-governmental organizations is another problem leading to weak performance of NGO s, which is also referred to in Musa’s study [22]. “Collaboration should be cultural and educational, and healthcare NGO s should initiate with the help of municipality.” (P6, P18).

Another case mentioned in this section is the lack of recognition and culture for doing team work in the country.” In teamwork we need to cultivate culture first, especially when it comes to health” (p19).

Thida et al. highlighted the importance of a specific law about the activities of NGO s, and also, the importance of an accurate supervision over these activities [23]. Attitudes in healthcare governmental sector should be modified, so that this sector should consider non-governmental sector as a collaborator in reaching developmental goals, not a competitor [24]. “our main challenge [healthcare NGO s] is that they think we work internationally and they do not cooperate with us” (P1, P4, P11). In some of organizations, the issues of individual and social freedoms , modification of laws, and also criticisms from the performance of governmental organizations, are taken into consideration [25]. So this leads to positioning of some of the governmental managers against NGO s and reduction of their collaboration.” Health Centers don't cooperate ... practically the public sector they just looking to see what we're going to do “(p14) It is recommended that this problem can be solved via counseling and holding meetings and memorandums of understanding. Some of the governmental healthcare managers believe that NGO s, who proceed to work in healthcare system with the aim of founding their organization, (for example for making money).” Unfortunately, there is a bad outlook in our society ... there is no place for our people to say, for example, that I want to do something good”(p29) However, Reddy does not consider the intention of non-governmental organizations to be exploitation [26]. Another challenge is lack of people’s awareness from charity organizations which causes some challenges for these organizations in Iran.

“People should directly enter the field of charity, however there is a lack of awareness from donors and performances of social deputy...” (P3, P9, P11). “In Iran, what is referred to as non-governmental organization is not inferred similarly by all the people” (p25).

#### **Main concept number 4: Management issues**

A challenge which is mostly stated with regard to management issues is weak support of governmental healthcare managers from NGO s. It is also referred to in the study of Anbazhagan and another study by Tucktuck [3, 5], “the manager should believe in NGO s ... a reason for detachment of NGO s is lack of governmental supports” (P 2, P5, P7, P11, P18). Another challenge, which is referred to in the study of Abdallah is the need for support from using collective capacities [27]. Managers of non-governmental organizations need governmental supports for progress and fulfillment of their goals. These supports are not only limited to financial supports; providing appropriate infra-structures for foundation of NGO s, facilitating foundation of non-governmental organizations, educating the founders of these organizations, accurate and correct supervision of science with the aim of helping NGO s, trusting NGO s and introducing NGO s to the society are some other examples [28]. “The manager has to believe that the benefactors can help ... extend their hand to them.”(p18)

Lack of scientific management can be considered as a main cause of inefficiency in charity organizations [29]. “manager should be trustful, known, and honest; so that we do not think of deceiving him/her [healthcare NGO s and the donor] in order to take money and spend it in another field” (P 1, P5, P6, P9).

In addition to using NGO s to solve problems, managers also need to increase their impact on society "... the most important thing a manager can do is empower NGO s So they can be influential at the community level”(p24)

Some interviewees have emphasized on the presence of clinical specialists (benefactor) in board of directors of NGO s, the effects of manager’s reputation on continuity of the activities, and Managers incapacity of some NGO s managers as other challenges in this area. As an example, “due to the presence of some of the board members [NGO s] in some places, our credit is risen [healthcare NGO s] and we can achieve further credits [from governmental sector]” (P 11, P12, P14, P16). In order to continue the partnerships of NGO s or Benefactors with public health authorities, there should be managers who are well-known and trusted, not managers who do not have these capabilities.” “The person who is hired as a manager must be trustworthy ... must be known ... the most important characteristic of a manager ... must be honest.”(p27)

#### **Main concept number 5: Communication issues**

Using media communications is the best way for interaction of non-governmental organizations who support patients with direct users in civil society [11]. One of the stated challenges in this group is lack of regular and systematic communications of governmental sector with healthcare NGO s which is also

referred to in the study of Delisle [20]. "There is no regular communication with NGO s ... we should look after them, while they should look after us, and it is not good ... the main problem is informing the hospitals about us" (P 12,P 11,P 18).

Furthermore, another challenges, is unspecific number of NGO s and their fields of activities in healthcare system for creation of appropriate communication. As we know, lack of active and appropriate network communication between non-governmental organizations [30]causes a lot of challenges in their collaboration with healthcare governmental sector. It is suggested to make some flowcharts for communication paths of healthcare NGO s in different meetings in order to overcome these challenges more optimally and increase their collaboration.

Lack of early communication between the public health authorities and active semen in this area was another major challenge "... communication should be made with this semen to provide guidelines and update their information."(p14)

Another challenge the researcher has encountered in the interview process is the inadequate knowledge of public sector staff about health NGO, s, as well as the lack of job recognition among health NGO ,s themselves" If we can figure out how to use health NGO s, we can be successful ... we must have at least a few meetings with them annually ... to make them more known."(p30)

The study has some limitation. Inclusion criteria for interviewees were used, to find interviewees so some experts may have been missed. findings may have been different if the participants were changed. But the strong points of this study are: First semi-structured interviews with the specialist shows collaboration challenges of NGOs in healthcare system in Iran and other developing countries similar to Iran, Second, it Gives some recommendations to address those challenges based on literature review. This study presents a clear framework for identification of collaboration challenges of non-governmental organizations in healthcare in Iran. This framework provides the managers with a background from challenges before collaborating with healthcare NGOs. So, they can reduce these challenges and promote healthcare goals by holding more meetings with managers of NGOs and consulting other related organs for creation of better infrastructures for different activities of NGOs. It is recommended for further researches to investigate people's collaboration in healthcare.

## Declarations

Ethics approval and consent to participate:

This research was approved by the Medical Ethic Committee of Mashhad University of Medical Sciences [IR.MUMS.REC.1395.352]. All participants provided written informed consent form for the various aspects of data collection. It was also implemented in accordance with the principles and regulations of confidentiality and privacy.

Consent for publication:

Not applicable.

Availability of data and materials:

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Competing interests:

The authors declare that they have no competing interests.

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Authors' contributions:

All authors (EH, EP, JJ, JJN and AVN) contributed to the design and execution of the study. EH, EP and AVN collected data in the interviews and analyzed data. All authors (EH, EP, JJ, JJN and AVN) wrote the draft manuscript and approved the final manuscript.

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## Tables

Table 1: demographic characteristics of Interviewees

		managers of healthcare system	Manager of NGO's	Total
Gender	Female	10 (32.25%)	9 (35.18%)	19 (35.18%)
	male	21 (67.74%)	14 (60.86%)	35 (64.81%)
Education	Bachelor degree	16 (51.61%)	18 (78.26%)	34 (62.96%)
	Maser degree	10 (32.25%)	5 (21.73%)	15 (27.77%)
	PhD degree	5 (16.12%)	-	5 (9.25%)
Year of Experience	1-10 years	12 (38.70%)	18 (78.26%)	30 (55.55%)
	11-20 years	16 (51.56%)	5 (21.73%)	21 (38.88%)
	21-30 years	3 (9.67%)	-	3 (5.55%)

Table 2: Main and subsidiary concepts of collaboration challenges of non-governmental organizations in healthcare system

Main Concepts	Subsidiary Concepts
Political issues	Effects of politics on NGOs
	Role of government
	Role of laws
Performance issues	Motivational
	Coordination
	Organization
	Planning
	Financial
Cultural issues	Cultural infra-structures
	Reforming attitudes
	Public view
Managing issues	Role of governmental managers
	Role of NGO s managers
	Ability of managers
Communication issues	Communications